DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

OFFICIAL FILE COPY

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 02-01

2. STATE: OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: 03/01/02

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 447.40
1919 (c)(2)(D)(iii) of the Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 $ - $2,151,814
b. FFY 2003 $ - $3,233,665

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.19-C, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Same page, Revised 08/01/95, TN #95-14

10. SUBJECT OF AMENDMENT:
Revising payment methodology for therapeutic leave days and hospital leave days for NF and ICF/MR beds.

11. GOVERNOR'S REVIEW *(Check One)*:

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Mike Fogarty

14. TITLE:
Chief Executive Officer

15. DATE SUBMITTED:
March 28, 2002

16. RETURN TO:
Oklahoma Health Care Authority
Attn: Billie Wright
4545 N. Lincoln, Suite 124
Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 29 MARCH 2002

18. DATE APPROVED: 29 MAY 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
01 MARCH 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
CALVIN G. CLINE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID AND STATE OPERATIONS

23. REMARKS:
c: Mike Fogarty
Jim Hancock
Billie Wright

FORM HCFA-179 (07-92)

Instructions on Back

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: OKLAHOMA

Payment for Reserved Beds in Long-Term Care Facilities

Payments are made to reserve a bed during a recipient's temporary absence from a nursing facility or an ICF/MR facility pursuant to the provisions of 42CFR 447.40.

Payment is made to reserve a bed in a nursing facility for five (5) days per calendar year for hospital leave days, when the patient is admitted to a licensed hospital. Therapeutic leave days are limited to seven (7) days per calendar year.

Payment for leave days will be made at fifty (50) percent of the established rate for nursing facility services for both hospital leave days and therapeutic leave days.

Payment is made to reserve a bed in an intermediate care facility for the mentally retarded (other than periods of inpatient hospitalization). Payments are made for therapeutic leave days not to exceed a maximum of 14 consecutive days per absence, with a maximum of 60 days in a calendar year for ICF/MR recipients.

Payment for therapeutic leave days will be made at seventy-five (75) percent of the established rate, for therapeutic leave days for ICF/MR facilities.

TN# OK-02-01
Supersedes
TN# OK-95-14

Approval Date 05-29-02

Effective Date 03-01-02

STATE OKLAHOMA
DATE RECD 03-29-02
DATE APPV'D 05-29-02
DATE EFF 03-01-02
HCFA 179 OK-02-01

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